

[9th August 1929]

Metal industry.—The workers engaged in this industry are involved in debt and the Registrar, Co-operative Societies, has reported that the question of organizing co-operative societies for their benefit will be investigated further.

Cabinet making.—The Registrar, Co-operative Societies, has proposed to examine the feasibility of forming co-operative societies for this industry.

Umbrella manufacture.—The Assistant Director (Textiles) has been asked to report whether the cloth required for manufacturing umbrellas cannot be made on hand looms with imported yarn.

Manufacture of soaps.—The Director of Industries has been asked to report whether the staff of the Kerala Soap Institute could be deputed occasionally to visit soap manufacturing centres to explain to the people the proper methods of making soap and the evil results of adulteration.

Fish oil manufacture.—The question of improving the lot of the workers engaged in this industry will be considered in connexion with the recommendations of the Fisheries Committee.

Rattan industry.—The Government have asked the Inspector-General of Prisons to report whether the local rattan could not be utilised in the production of rattan articles by the convicts in the Central Jail at Cannanore.

Cap-making.—The Director of Industries has been asked to report what facilities there are for forming co-operative societies for the development of this industry.

Basket-making—The Nilgiris.—The question of introducing bamboo basket industry among the Kurumas and of supplying them with bamboos easily is being examined by the Director of Industries. The Chief Conservator of Forests does not consider it possible to supply bamboos on the Nilgiris plateau on easy terms as it is the cost of transport and not that of the raw produce that makes basket making in the plateau uneconomic. He states that supplies of baskets are readily obtained from the low country. There seems to be no scope for the development of this industry on the hills.

GUNTUR DISTRICT.

The Collectors of Nellore and Kurnool have been asked to consider the suggestion of the Special Officer regarding the grant of permission for free removal of reeds required for the mat industry.

APPENDIX III.

[Vide answer to question No. 163 asked by Mr. J. A. Saldanha at the meeting of the Legislative Council held on the 9th August 1929, page 361 supra]

G.O. No. 1373, P.H., dated 31st May 1929.

In 1923, on the recommendation of the Medical and Public Health Retrenchment Committee, the Government sanctioned the appointment of selected private medical practitioners as honorary surgeons or physicians to the Government medical institutions in Madras City. The honorary officers so appointed were supernumerary to the paid staff and each officer was

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placed in charge of a certain number of beds in the hospital to which he was attached. The system has been in force for over five years and from the reports obtained from the Superintendents of the hospitals the Government consider that it has worked satisfactorily. They have accordingly in consultation with the Surgeon-General decided to extend the system to the mufassal hospitals and are pleased to pass the following orders.

2. Honorary surgeons and physicians will now be appointed to all Government hospitals so far as suitable persons are available, and no distinction will be made in this respect between hospitals which are used for teaching medical students and hospitals which are not so used. The honorary officers should be supernumerary to the paid staff, as at present, and wherever practicable, they should be placed in independent charge of special departments, such as the eye, the ear, nose and throat, the radiological or venereal diseases department, and given free scope to work up successful clinics. In the larger hospitals, each honorary surgeon or physician should have the charge of a specified number of beds with an assistant to help him, who may also be an honorary worker. The designation and status of the honorary officers will vary according to their qualifications and standing in the profession and the nature of the work entrusted to them.

3. The rules framed by the Government to regulate the appointment of honorary officers have been revised and a copy of the revised rules is appended to this order.

4. The Government desire that immediate steps should be taken to give effect to the extension of the system and that honorary officers should be appointed in as many hospitals as possible by the 1st July 1929. The Surgeon-General is requested to direct all District Medical Officers and Superintendents of headquarter hospitals to submit all applications for the appointment of honorary officers received by them with their recommendations as early as possible. The proposals relating to all districts and to hospitals in Madras City should be consolidated and submitted to the Government, with the Surgeon-General's remarks, not later than the 20th June 1929.

5. Medical practitioners who wish their names to be considered for honorary appointments should forward their applications direct to the Superintendents of the hospitals in which they desire to be employed.

-(By order of the Government, Ministry of Public Health)

HILTON BROWN,
Secretary to Government.

To the Surgeon-General, Madras.
„ Secretary, South Indian Medical Union.
Editors' Table.

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*Annexure.**Rules relating to the appointment of Honorary Medical Officers in Government hospitals in the Madras Presidency.*

Honorary medical officers will be appointed to all Government hospitals in Madras City and to all district headquarter hospitals. Appointments will be made by the Government on the recommendation of the Surgeon-General. The honorary officers in Madras City will be liable to transfer from one institution to another at the discretion of the Government. The appointments will be terminable by three months' notice in writing on either side.

2. *Designation.*—Honorary officers will be designated as follows :—

Honorary Assistant Surgeon,
 „ Physician,
 „ Surgeon,
 „ Ophthalmic Surgeon,
 „ Otolaryngologist,
 „ Pathologist, etc., etc.

The designation of each honorary officer will depend on his academic qualifications and standing in the profession and on the nature of the duties assigned to him.

3. *Qualifications.*—Candidates for appointment should have medical qualifications registrable in the United Kingdom or equivalent qualifications and should produce evidence of being specially qualified for the work to be entrusted to them. The age-limit for appointment is fixed at 55 years, but this condition may be relaxed by the Government in exceptional cases.

4. *Duties.*—Honorary officers should conform to the rules in force in the hospital in which they are working as far as they relate to the care of patients.

5. A specified number of beds for surgical or medical cases will be allotted to each honorary surgeon or physician who will be entirely responsible for the treatment and care of the patients in his charge. On the day or days fixed as admission days for the particular ward in charge of each honorary officer, he will be expected to attend at the hospital during the recognized working hours. He will also visit the patients in his charge daily or more than once daily should that be necessary and answer all emergent calls relating to these patients. In the case of teaching institutions the honorary officers shall be present at the respective hospitals on such days and at such hours as may be necessary for the proper instruction of the students—vide rule 10.

6. In the case of large hospitals, the honorary surgeon or physician will be given an assistant to help him, who may also be an honorary worker.

7. Honorary officers with special qualifications will, as far as practicable, be placed in independent charge of special departments, e.g., (i) eye, (ii) ear, nose and throat, (iii) radiology, (iv) venereal diseases, etc., and given full scope to work up successful clinics.

8. Honorary assistant surgeons will perform such duties as may be assigned to them by the Superintendents of the hospitals.

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9. If for any reason they are unable to attend during hospital hours, they should inform the Superintendent in time to enable the Superintendent to arrange for their work.

10. In the hospitals which form training grounds for medical students, the honorary officers will be responsible for imparting clinical instruction to students in connexion with the beds in their charge in accordance with such plans as may be laid down by the professor in charge of the medical or surgical unit or by the Superintendent of the hospital.

11. Honorary officers will issue the necessary certificates for patients under their treatment, but shall not, except at the special request of the Superintendent or in his absence of the senior medical officer in charge, deal with any ward cases other than those assigned to them or with cases arising in the out-patient department or with the other miscellaneous work of the hospitals.

12. *General rules.*—Honorary officers will be allowed the use of the respective hospital libraries and, in the case of teaching institutions, of the libraries of the college or school attached to them.

13. They must abide by the Government rules in force in regard to the acceptance of fees from patients by the staff of the hospital.

14. The entire management and control of the hospitals and the discipline of the staff are vested in the respective Superintendents. Honorary officers will be expected to observe all rules in force or issued from time to time and to report all instances of neglect or inattention or other breaches of discipline relating to their wards to the Superintendents who will deal with them. They may freely consult the Superintendents on any points in respect of which they consider the rules to admit of improvement but must abide by any decision the latter may arrive at.

The Superintendents will at the same time be instructed to give the fullest possible scope to the honorary workers and thus make the scheme a success.